State of Arizona House of Representatives Forty-seventh Legislature First Regular Session 2005

CHAPTER 73

## **HOUSE BILL 2289**

AN ACT

AMENDING SECTIONS 36-401, 36-422, 36-425 AND 36-2205, ARIZONA REVISED STATUTES; RELATING TO HEALTH CARE INSTITUTIONS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

SEPLETE

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Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 36-401, Arizona Revised Statutes, is amended to read:

## 36-401. <u>Definitions</u>; adult foster care

- A. In this chapter, unless the context otherwise requires:
- 1. "Accredited health care institution" means a health care institution, other than a hospital, that is currently accredited by a nationally recognized accreditation organization.
- 2. "Accredited hospital" means a hospital currently accredited by a nationally recognized commission on hospital accreditation.
- 3. "Adaptive services" means medical services provided on an outpatient basis.
- 4. "Adult day health care facility" means a facility providing adult day health services during a portion of a continuous twenty-four hour period for compensation on a regular basis for five or more adults not related to the proprietor.
- 5. "Adult day health services" means a program that provides planned care supervision and activities, personal care, personal living skills training, meals and health monitoring in a group setting during a portion of a continuous twenty-four hour period. Adult day health services may also include preventive, therapeutic and restorative health related services that do not include behavioral health services.
- 6. "Adult foster care" means a residential setting which provides room and board and adult foster care services for at least one and no more than four adults who are participants in the Arizona long-term care system pursuant to chapter 29, article 2 of this title and in which the sponsor or the manager resides with the residents and integrates the residents who are receiving adult foster care into that person's family.
- 7. "Adult foster care services" means supervision, assistance with eating, bathing, toileting, dressing, self-medication and other routines of daily living or services authorized by section 36-2939, subsection C and rules adopted pursuant to that section.
- 8. "Ambulatory person" means any individual, including one who uses a cane or other ambulatory support device, who is physically and mentally capable under emergency conditions of finding a way to safety without assistance.
- 9. "Assisted living center" means an assisted living facility that provides resident rooms or residential units to eleven or more residents.
- "Assisted living facility" means a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.
- 11. "Assisted living home" means an assisted living facility that provides resident rooms to ten or fewer residents.

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- 12. "Capital expenditure" means the acquisition by lease or purchase of a capital asset in the nature of buildings, fixtures or durable equipment.
- 13. "Construction" means the building, erection, fabrication,— or installation of a health care institution.
- 14. "Continuous" means available at all times without cessation, break or interruption.
  - 15. "CONTROLLING PERSON" MEANS A PERSON WHO:
- (a) THROUGH OWNERSHIP, HAS THE POWER TO VOTE AT LEAST TEN PER CENT OF THE OUTSTANDING VOTING SECURITIES.
- (b) IF THE APPLICANT OR LICENSEE IS A PARTNERSHIP, IS THE GENERAL PARTNER OR A LIMITED PARTNER WHO HOLDS AT LEAST TEN PER CENT OF THE VOTING RIGHTS OF THE PARTNERSHIP.
- (c) IF THE APPLICANT OR LICENSEE IS A CORPORATION, AN ASSOCIATION OR A LIMITED LIABILITY COMPANY, IS THE PRESIDENT, THE CHIEF EXECUTIVE OFFICER, THE INCORPORATOR OR ANY PERSON WHO OWNS OR CONTROLS AT LEAST TEN PER CENT OF THE VOTING SECURITIES. FOR THE PURPOSES OF THIS SUBDIVISION, CORPORATION DOES NOT INCLUDE NONPROFIT CORPORATIONS.
- (d) HOLDS A BENEFICIAL INTEREST IN TEN PER CENT OR MORE OF THE LIABILITIES OF THE APPLICANT OR THE LICENSEE.
  - 15. 16. "Department" means the department of health services.
- 16. 17. "Directed care services" means programs and services, including personal care services, provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
- 17. 18. "Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity.
- 18. 19. "Director" means the director of the department of health services.
- 19. 20. "Facilities" means buildings used by a health care institution for providing any of the types of services as defined in this chapter.
  - 20. 21. "Freestanding urgent care center":
- (a) Means an outpatient treatment center that, regardless of its posted or advertised name, meets any of the following requirements:
- (i) Is open twenty-four hours a day, excluding at its option weekends or certain holidays, but is not licensed as a hospital.
- (ii) Claims to provide unscheduled medical services not otherwise routinely available in primary care physician offices.
- (iii) By its posted or advertised name, gives the impression to the public that it provides medical care for urgent, immediate or emergency conditions  $\boldsymbol{\ell}$
- (iv) Routinely provides ongoing unscheduled medical services for more than eight consecutive hours for an individual patient.
  - ...(b) Does not include the following:
- 44 (i) A medical facility that is licensed under a hospital's license and 45 that uses the hospital's medical provider number.

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- (ii) A qualifying community health center pursuant to section 36-2907.06.
- (iii) Any other health care institution licensed pursuant to this chapter.
- 21. 22. "Governing authority" means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
- 22. 23. "Health care institution" means every place, institution, building or agency, whether organized for profit or not, which provides facilities with medical services, nursing services, health screening services, other health-related services, supervisory care services, personal care services or directed care services and includes home health agencies as defined in section 36-151 and hospice service agencies.
- 23. 24. "Health-related services" means services, other than medical, pertaining to general supervision, protective, preventive and personal care services, supervisory care services or directed care services.
- 24. 25. "Health screening services" means the acquisition, analysis and delivery of health-related data of individuals to aid in the determination of the need for medical services.
- 25. 26. "Hospice" means a hospice service agency or the provision of hospice services in an inpatient facility.
- 26. 27. "Hospice service" means a program of palliative and supportive care for terminally ill persons and their families or caregivers.
- 27. 28. "Hospice service agency" means an agency or organization, or a subdivision of that agency or organization, which is engaged in providing hospice services at the place of residence of its clients.
- 28. 29. "Inpatient beds" or "resident beds" means accommodations with supporting services, such as food, laundry and housekeeping, for patients or residents who generally stay in excess of twenty-four hours.
- 29. 30. "Licensed capacity" means the total number of persons for whom the health care institution is authorized by the department to provide services as required pursuant to this chapter if the person is expected to stay in the heal'h care institution for more than twenty-four hours. For a hospital, licensed capacity means only those beds specified on the hospital license.
- 30. 31. "Medical services" means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
- 31. 32. "Modification" means the substantial improvement, enlargement, reduction, alteration of or other change in a health care institution.
- 32. 33. "Nonproprietary institution" means any health care institution organized and operated exclusively for charitable purposes, no part of the net earnings of which inures to the benefit of any private shareholder or

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 individual, or operated by the state or any political subdivision of the state.

- 33. 34. "Nursing care institution" means a health care institution providing inpatient beds or resident beds and nursing services to persons who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician.
- 34. 35. "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician by or under the supervision of a registered nurse licensed in this state.
- 35. 36. "Organized medical staff" means a formal organization of physicians, and dentists where appropriate, with the delegated authority and responsibility to maintain proper standards of medical care and to plan for continued betterment of that care.
- 36. 37. "Outpatient surgical center" means a type of health care institution with facilities and limited hospital services for the diagnosis or treatment of patients by surgery whose recovery, in the concurring opinions of the surgeon and the anesthesiologist, does not require inpatient care in a hospital.
- 37. 38. "Personal care services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medications and treatments by a nurse who is licensed pursuant to title 32, chapter 15 or as otherwise provided by law.
- 38. 39. "Physician" means any person licensed under title 32, chapter 13 or 17.
- 39. 40. "Residential care institution" means a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care services, directed care services or health-related services for persons who do not need inpatient nursing care.
- 40. 41. "Residential unit" means a private apartment, unless otherwise requested by a resident, that includes a living and sleeping space, kitchen area, private bathroom and storage area.
- 41. 42. "Respite care services" means services provided by a licensed health care institution to persons otherwise cared for in foster homes and in private homes to provide an interval of rest or relief of not more than thirty, days, to operators of foster homes or to family members.
- 42. 43. "Substantial compliance" means that the nature or number of violations revealed by any type of inspection or investigation of a licensed health care institution does not pose a direct risk to the life, health or safety of patients or residents.
- 43. 44. "Supervision" means direct overseeing and inspection of the act of accomplishing a function or activity.

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- 44. 45. "Supervisory care services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.
- 45. 46. "Unscheduled medical services" means medically necessary periodic health care services that are unanticipated or cannot reasonably be anticipated and that require medical evaluation or treatment before the next business day.
- B. If there are fewer than four Arizona long-term care system participants receiving adult foster care in an adult foster care home, nonparticipating adults may receive other types of services authorized by law to be provided in the adult foster care home as long as the number of adults served, including the Arizona long-term care system participants, does not exceed four.
- C. Nursing care services may be provided by the adult foster care licensee if such licensee is a nurse licensed pursuant to title 32, chapter 15 and the services are limited to those allowed pursuant to law. The licensee shall keep a record of nursing services rendered.
  - Sec. 2. Section 36-422, Arizona Revised Statutes, is amended to read: 36-422. Application for license; notification of proposed change in status; joint licenses; definitions
- A. A person who wishes to be licensed under this chapter to operate a health care institution shall file with the department an application on a form prescribed, prepared and furnished by the department. The application shall contain the following:
  - 1. The name and location of the health care institution.
- 2. Whether it is to be operated as a proprietary or nonproprietary institution.
- 3. The name of the governing authority, and, if other than an individual, the names of the persons having its control. The applicant shall be the governing authority having the operative ownership of, or the governmental agency charged with the administration of, the health care institution sought to be licensed.
- 4. THE NAME AND BUSINESS OR RESIDENTIAL ADDRESS OF EACH CONTROLLING PERSON AND AN AFFIRMATION THAT NONE OF THE CONTROLLING PERSONS HAS BEEN DENIED A LICENSE OR CERTIFICATE ISSUED BY A HEALTH PROFESSION REGULATORY BOARD PURSUANT TO TITLE 32 OR ISSUED BY A STATE AGENCY PURSUANT TO CHAPTER 6. ARTICLE 7 OR CHAPTER 17 OF THIS TITLE OR A LICENSE TO OPERATE A HEALTH CARE INSTITUTION IN THIS STATE OR ANOTHER STATE OR HAS HAD A LICENSE OR CERTIFICATE ISSUED BY A HEALTH PROFESSION REGULATORY BOARD PURSUANT TO TITLE 32 OR ISSUED BY A STATE AGENCY PURSUANT TO CHAPTER 6, ARTICLE 7 OR CHAPTER 17 OF THIS TITLE OR A LICENSE TO OPERATE A HEALTH CARE INSTITUTION REVOKED. IF A CONTROLLING PERSON HAS BEEN DENIED A LICENSE OR CERTIFICATE ISSUED BY A HEALTH PROFESSION REGULATORY BOARD PURSUANT TO TITLE 32 OR ISSUED BY A STATE AGENCY PURSUANT TO CHAPTER 6, ARTICLE 7 OR CHAPTER 17 OF THIS TITLE OR A

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LICENSE TO OPERATE A HEALTH CARE INSTITUTION IN THIS STATE OR ANOTHER STATE OR HAS HAD A HEALTH CARE PROFESSIONAL LICENSE OR A LICENSE TO OPERATE A HEALTH CARE INSTITUTION REVOKED, THE CONTROLLING PERSON SHALL INCLUDE IN THE APPLICATION A COMPREHENSIVE DESCRIPTION OF THE CIRCUMSTANCES FOR THE DENIAL OR THE REVOCATION.

- 4.5. The class or subclass of health care institution to be established or operated.
- 5. 6. The types and extent of the health care services to be provided, including emergency services, community health services and services to indigent patients.
- $6.\,$  7. The name and qualifications of the chief administrative officer implementing direction in that specific health care institution.
- 7.8. Other pertinent information required by the department for the proper administration of this chapter and department rules.
- B. An application filed pursuant to this section shall be signed as follows:
- 1. If the applicant is an individual, by the owner of the health care institution.
- 2. If the applicant is a partnership or corporation, by two of the partnership's or corporation's officers.
- 3. If the applicant is a governmental unit, by the head of the governmental unit.
- C. An application for licensure or relicensure shall be filed at least sixty but not more than one hundred twenty days before the anticipated operation or the expiration date of the current license. An application for a substantial compliance survey submitted pursuant to section 36-425, subsection C shall be filed at least thirty days prior to the date on which the substantial compliance survey is requested.
- D. If a current licensee intends to terminate the operation of a licensed health care institution or if a change of ownership is planned either during or at the expiration of the term of the license, the current licensee shall notify the director in writing at least thirty days before the termination of operation or change in ownership is to take place. The current licensee is responsible for preventing any interruption of services required to sustain the life, health and safety of the patients or residents. A new owner shall not begin operating the health care institution until the director issues a license.
- E. A licensed health care institution for which operations have not been termilated for more than thirty days may be relicensed pursuant to the standards that were applicable under its most recent license.
- F. If a person operates a hospital in a setting that includes facilities of the hospital which are located separately from the main hospital building, the department shall at the request of the applicant or licensee issue a single group license to the hospital and its designated facilities located within one-half mile of the main hospital building if all

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41 42 of the facilities meet or exceed department licensure requirements for the designated facilities. At the request of the applicant or licensee, the department shall also issue a single group license that includes the hospital and not more than five of its designated satellite facilities that are located farther than one-half mile from the main hospital building if all of facilities meet or exceed applicable department licensure Each facility included under a single group license is requirements. subject to the department's licensure requirements that are applicable to that category of facility. Subject to compliance with applicable licensure or accreditation requirements the department shall reissue individual licenses for the facility of a hospital located in separate buildings from the main hospital building when requested by the hospital. This subsection not apply to nursing care institutions and residential care institutions. The department is not limited in conducting inspections of an accredited health care institution to ensure that the institution meets department licensure requirements.

- G. If a county with a population of more than one million persons operates an accredited hospital that includes the hospital's accredited facilities that are located separately from the main hospital building and the accrediting body's standards as applied to all facilities meet or exceed the department's licensure requirements, the department shall issue a single license to the hospital and its facilities if requested to do so by the hospital. If a hospital complies with applicable licensure or accreditation requirements, the department shall reissue individual licenses for each hospital facility that is located in a separate building from the main hospital building if requested to do so by the hospital. This subsection does not limit the department's duty to inspect a health care institution to determine its compliance with department licensure standards. This subsection does not apply to nursing care institutions and residential care institutions.
- H. AN APPLICANT OR LICENSEE MUST NOTIFY THE DEPARTMENT WITHIN THIRTY DAYS AFTER ANY CHANGE REGARDING A CONTROLLING PERSON AND PROVIDE THE INFORMATION AND AFFIRMATION REQUIRED PURSUANT TO SUBSECTION A, PARAGRAPH 4 OF THIS SECTION.
- H. I. This section does not limit the application of federal laws and regulations to an applicant or licensee certified as a medicare or an Arizona health care cost containment system provider under federal law.
  - H. J. For the purposes of this section:
- accreditation organization.
- 2. "Satellite facility" means an outpatient facility at which the hospital provides outpatient medical services.

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 Sec. 3. Section 36-425, Arizona Revised Statutes, is amended to read: 36-425. <u>Inspections; issuance of license; posting of deficiencies; provisional license; denial of license</u>

- A. On receipt of a properly completed application for initial licensure or relicensure, the director shall conduct an inspection of the health care institution as prescribed by this chapter. If an application for a license is submitted due to a planned change of ownership, the director shall determine the need for an inspection of the health care institution. Based on the results of the inspection, the director shall either deny the license or issue a regular or provisional license. A license issued by the department shall be conspicuously posted in the reception area of that institution. If the health care institution is an accredited hospital, the regular license is valid for the duration of the accreditation period.
- B. The director shall issue a regular license if the director determines that an applicant and the health care institution for which the license is sought substantially comply with the requirements of this chapter and rules adopted pursuant to this chapter and the applicant agrees to carry out a plan acceptable to the director to eliminate any deficiencies. license is valid for up to two years from the date it is issued if the facility, on expiration of the initial one-year license, has no deficiencies the time the department conducts the subsequent at inspections. The director shall not require a health care institution that was designated as a critical access hospital to make any modifications required by this chapter or rules adopted pursuant to this chapter in order to obtain an amended license with the same licensed capacity the health care institution had before it was designated as a critical access hospital if all of the following are true:
- 1. The health care institution has subsequently terminated its critical access hospital designation.
- 2. The licensed capacity of the health care institution does not exceed its licensed capacity prior to its designation as a critical access hospital.
- 3. The health care institution remains in compliance with the applicable codes and standards that were in effect at the time the facility was originally licensed with the higher licensed capacity.
- C. The director shall issue a provisional license for a period of not more than one year if an inspection or investigation of a currently licensed health care institution or a health care institution for which an applicant is seeking initial licensure reveals that the institution is not in substantial compliance with department licensure requirements and the director believes that the immediate interests of the patients and the general public are best served if the institution is given an opportunity to correct deficiencies. The applicant or licensee shall agree to carry out a plan to eliminate deficiencies that is acceptable to the director. The director shall not issue consecutive provisional licenses to a single health

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care institution. The director shall not issue a regular license to the current licensee or a successor applicant before the expiration of the provisional license unless the health care institution submits an application for a substantial compliance survey and is found to be in substantial compliance. The director may issue a regular license only if the director determines that the institution is in substantial compliance with the licensure requirements of the department and this chapter. This subsection does not prevent the director from taking action to protect the safety of patients pursuant to section 36-427.

- D. Subject to the confidentiality requirements of articles 4 and 5 of this chapter, title 12, chapter 13, article 7.1 and section 12-2235, the licensee shall keep current department inspection reports at the health care institution. Unless federal law requires otherwise, the licensee shall conspicuously post a notice that identifies the location at that institution where the inspection reports are available for review.
- E. A health care institution shall immediately notify the department in writing when there is a change of the chief administrative officer specified in section 36-422, subsection A, paragraph 6-7.
- F. When the department issues an original regular license or an original provisional license to a health care institution it shall notify the owners and lessees of any agricultural land within one-fourth mile of the health care institution. The health care institution shall provide the department with the names and addresses of owners or lessees of agricultural land within one-fourth mile of the proposed health care institution.
- G. In addition to the grounds for denial of licensure prescribed pursuant to subsection A of this section, the director may deny a license because an applicant or anyone in a business relationship with the applicant, including stockholders AND CONTROLLING PERSONS, has had a license to operate a health care institution DENIED, REVOKED OR SUSPENDED or a professional license or certificate ISSUED BY A HEALTH PROFESSION REGULATORY BOARD PURSUANT TO TITLE 32 OR ISSUED BY A STATE AGENCY PURSUANT TO CHAPTER 6, ARTICLE 7 OR CHAPTER 17 OF THIS TITLE denied, revoked or suspended or has a licensing history of recent serious violations occurring in this state or in another state which affected the health or safety of patients, residents or the public THAT POSED A DIRECT RISK TO THE LIFE, HEALTH OR SAFETY OF PATIENTS OR RESIDENTS.
- H. In addition to the requirements of this chapter, the director may prescribe by rule other licensure requirements and may prescribe procedures for conducting investigations into an applicant's character and qualifications.
  - Sec. 4. Section 36-2205, Arizona Revised Statutes, is amended to read: 36-2205. Permitted treatment and medication; certification requirement; protocols
- A. The director, in consultation with the medical director of emergency medical services, the emergency medical services council and the

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medical direction commission, shall establish protocols, which may include training criteria, governing the medical treatments, procedures, medications and techniques which may be administered or performed by each class of emergency medical technician. These protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that intermediate emergency medical technicians, emergency paramedics and basic emergency medical technicians certified to perform advanced procedures render these treatments, procedures, medications or techniques only under the direction of a physician.

- B. Certified emergency medical technicians, as defined in section 36-2201, shall complete training certified by the director on the nature of sudden infant death syndrome in order to be certified by the director under this section.
- C. The protocols adopted by the director pursuant to this section are exempt from the provisions of title 41, chapter 6.
- D. Notwithstanding the provisions of subsection C of this section, a person may petition the director, pursuant to section 41-1033, to amend a protocol adopted by the director.
- E. In consultation with the medical director of emergency medical services, the emergency medical services council and the medical direction commission, the director of the department of health services shall establish protocols for emergency medical providers to refer. AND advise A PATIENT or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that intermediate emergency medical technicians, emergency paramedics and basic emergency medical technicians certified to perform advanced procedures render these treatments, procedures, medications or techniques only under the direction of a physician.
- F. The protocols established pursuant to subsection E of this section shall include triage and treatment protocols that allow all classes of emergency medical technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to:
- 1. Refer, AND advise A PATIENT or transport a patient to the most appropriate health care institution, as defined by IN section 36-401, subsection A, paragraph 22 based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.
  - 2. Provide a list of alternative sites available to deliver care.

APPROVED BY THE GOVERNOR APRIL 13, 2005.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 13, 2005.

Passed the House <u>February 14</u> , 200	<u>.</u>	Passed the Senate	ap	ril 5	- , 20 <u>&amp;</u>	5
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Secretary of State

## HOUSE CONCURS IN SENATE AMENDMENTS AND FINAL PASSAGE

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